

<b>Certification of Mailing or Facsimile Transmission</b>	
I hereby certify that I have reasonable basis to expect that, on the date shown below, this correspondence is being submitted as indicated below:	
( ) mailed or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
<input checked="" type="checkbox"/> facsimile transmitted to the U.S. Patent and Trademark Office via fax number (703) 872-9306	
Name	<u>Michael Sweeney</u>
Signature	<u>9/17/04</u>
Date	

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.	:	09/905,274
Applicant(s)	:	Clifford Theodore Papsdorf, et al.
Filed	:	July 13, 2001
Title	:	CONTINUOUS IN-LINE PLEATING APPARATUS AND PROCESS
TC/A.U.	:	3721
Examiner	:	S. Tawfik
Conf. No.	:	2737
Docket No.	:	8609
Customer No.	:	27752

**RECEIVED  
CENTRAL FAX CENTER****SEP 17 2004**

NOTICE OF APPEAL FROM THE EXAMINER TO  
THE BOARD OF PATENT APPEALS AND INTERFERENCES

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is \$330.00 (37 CFR 41.20(b)(1)).

☒ A petition under 37 CFR §1.136(a) to extend the period for filing a reply in the above-identified application is also requested. The processing fee under 37 CFR §1.17 has been determined as follows: \$110.00 for a one-month extension of time.

The Director is hereby authorized to charge the above fees, or any additional fees that may be required, or credit any overpayment to Deposit Account No. 16-2480 in the name of The Procter & Gamble Company.

I am:

☒ an attorney or agent of record.

☐ an attorney or agent acting under 37 CFR 1.34(a).

[] authorized to act on behalf of the assignee of record of the entire interest, The Procter & Gamble Company. See 37 CFR 3.71. The assignment was recorded on at reel frame .

Respectfully submitted,

THE PROCTER & GAMBLE COMPANY



Peter D. Meyer  
Registration No. 47,792  
(513) 634-9359

September 17, 2004

Customer No. 27752

SEP 17 2004

**Procter & Gamble – Intellectual Property Division**

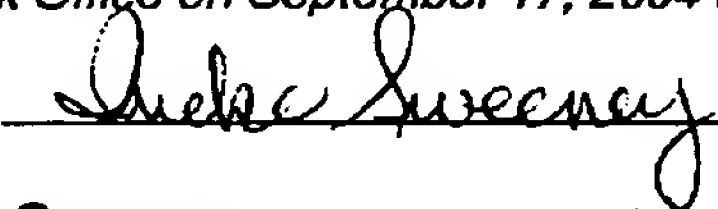
## IMPORTANT CONFIDENTIALITY NOTICE

The documents accompanying this telecopy transmission contain confidential information belonging to the sender which is legally protected. The information is intended only for the use of the individual or entity named below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone (collect) to arrange for return of the telecopied document to us.

**FACSIMILE TRANSMITTAL SHEET &  
CERTIFICATE OF TRANSMISSION UNDER 37 CFR §1.8**

**TO:** Commissioner for Patents  
United States Patent and Trademark Office  
**ATTN: EXAMINER S. Tawfik**  
Fax No. (703) 872-9306  
Phone No. (703) 308-2809

*I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on September 17, 2004 to the above-identified facsimile number.*

 (Signature)

**FROM:** Ineke C. Sweeney  
Fax No. (513) 634-6108  
Phone No. (513) 634-9359

Listed below are the item(s) being submitted with this Certificate of Transmission:

1) Notice of Appeal

Number of Pages Including this Page: 4

2) Fee Transmittal

Inventor(s): Papsdorf, et al.

S.N.: 09/905,274

3)

Filed: July 13, 2001

4)

Conf. No.: 2737

Case: 8609

Comments:

PTO/SB/17 (10/03)


U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number



<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> Patent fees are subject to annual revision.	<b>Complete if Known</b>	
	Application Number	09/905,274
	Confirmation Number	2737
	Filing Date	July 13, 2001
	First Named Inventor	Papsdorf
	Examiner Name	S/ Tawfik
	Art Unit	3721
<b>TOTAL AMOUNT OF PAYMENT (\$440.00)</b>		Attorney Docket No. 8609

<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>																																																																																																																									
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:  Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company		3. <b>ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1<sup>st</sup> month</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>1252</td><td>420</td><td>Extension for reply within 2<sup>nd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>950</td><td>Extension for reply within 3<sup>rd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,480</td><td>Extension for reply within 4<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>2,010</td><td>Extension for reply within 5<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>330</td><td>Notice of Appeal</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>1402</td><td>330</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>290</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,330</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,330</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>480</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Processing fee under 37 C.F.R. 1.17(q)</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>770</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>770</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>770</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1330</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> </tbody> </table>		Code	(\$)	Fee Description	Fee Paid	1051	130	Surcharge-late filing fee or oath	<input type="checkbox"/>	1052	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>	1053	130	Non-English specification	<input type="checkbox"/>	1812	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>	1804	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>	1805	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>	1251	110	Extension for reply within 1 <sup>st</sup> month	<input checked="" type="checkbox"/>	1252	420	Extension for reply within 2 <sup>nd</sup> month	<input type="checkbox"/>	1253	950	Extension for reply within 3 <sup>rd</sup> month	<input type="checkbox"/>	1254	1,480	Extension for reply within 4 <sup>th</sup> month	<input type="checkbox"/>	1255	2,010	Extension for reply within 5 <sup>th</sup> month	<input type="checkbox"/>	1401	330	Notice of Appeal	<input checked="" type="checkbox"/>	1402	330	Filing a brief in support of an appeal	<input type="checkbox"/>	1403	290	Request for oral hearing	<input type="checkbox"/>	1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>	1452	110	Petition to revive - unavoidable	<input type="checkbox"/>	1453	1,330	Petition to revive - unintentional	<input type="checkbox"/>	1501	1,330	Utility issue fee (or reissue)	<input type="checkbox"/>	1502	480	Design issue fee	<input type="checkbox"/>	1460	130	Petitions to the Commissioner	<input type="checkbox"/>	1807	50	Processing fee under 37 C.F.R. 1.17(q)	<input type="checkbox"/>	1806	180	Submission of Information Disclosure Statement	<input type="checkbox"/>	1809	770	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>	1810	770	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>	1801	770	Request for Continued Examination (RCE)	<input type="checkbox"/>	1802	900	Request for expedited examination of a design application	<input type="checkbox"/>	1454	1330	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>	Other fee (specify) _____			<input type="checkbox"/>	Other fee (specify) _____			<input type="checkbox"/>
Code	(\$)	Fee Description	Fee Paid																																																																																																																								
1051	130	Surcharge-late filing fee or oath	<input type="checkbox"/>																																																																																																																								
1052	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>																																																																																																																								
1053	130	Non-English specification	<input type="checkbox"/>																																																																																																																								
1812	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>																																																																																																																								
1804	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>																																																																																																																								
1805	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>																																																																																																																								
1251	110	Extension for reply within 1 <sup>st</sup> month	<input checked="" type="checkbox"/>																																																																																																																								
1252	420	Extension for reply within 2 <sup>nd</sup> month	<input type="checkbox"/>																																																																																																																								
1253	950	Extension for reply within 3 <sup>rd</sup> month	<input type="checkbox"/>																																																																																																																								
1254	1,480	Extension for reply within 4 <sup>th</sup> month	<input type="checkbox"/>																																																																																																																								
1255	2,010	Extension for reply within 5 <sup>th</sup> month	<input type="checkbox"/>																																																																																																																								
1401	330	Notice of Appeal	<input checked="" type="checkbox"/>																																																																																																																								
1402	330	Filing a brief in support of an appeal	<input type="checkbox"/>																																																																																																																								
1403	290	Request for oral hearing	<input type="checkbox"/>																																																																																																																								
1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>																																																																																																																								
1452	110	Petition to revive - unavoidable	<input type="checkbox"/>																																																																																																																								
1453	1,330	Petition to revive - unintentional	<input type="checkbox"/>																																																																																																																								
1501	1,330	Utility issue fee (or reissue)	<input type="checkbox"/>																																																																																																																								
1502	480	Design issue fee	<input type="checkbox"/>																																																																																																																								
1460	130	Petitions to the Commissioner	<input type="checkbox"/>																																																																																																																								
1807	50	Processing fee under 37 C.F.R. 1.17(q)	<input type="checkbox"/>																																																																																																																								
1806	180	Submission of Information Disclosure Statement	<input type="checkbox"/>																																																																																																																								
1809	770	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>																																																																																																																								
1810	770	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>																																																																																																																								
1801	770	Request for Continued Examination (RCE)	<input type="checkbox"/>																																																																																																																								
1802	900	Request for expedited examination of a design application	<input type="checkbox"/>																																																																																																																								
1454	1330	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>																																																																																																																								
Other fee (specify) _____			<input type="checkbox"/>																																																																																																																								
Other fee (specify) _____			<input type="checkbox"/>																																																																																																																								
<b>FEE CALCULATION</b> 1. <b>BASIC FILING FEE - Large Entity</b> <table border="1"> <thead> <tr> <th>Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>Utility filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1002</td><td>340</td><td>Design filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1004</td><td>770</td><td>Reissue filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1005</td><td>160</td><td>Provisional filing fee</td><td><input type="checkbox"/></td></tr> <tr><td colspan="2"><b>SUBTOTAL (1)</b></td><td><b>(\$)[ ]</b></td></tr> </tbody> </table>		Code (\$)	Fee Description	Fee Paid	1001	770	Utility filing fee	<input type="checkbox"/>	1002	340	Design filing fee	<input type="checkbox"/>	1004	770	Reissue filing fee	<input type="checkbox"/>	1005	160	Provisional filing fee	<input type="checkbox"/>	<b>SUBTOTAL (1)</b>		<b>(\$)[ ]</b>	2. <b>EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity</b> <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td><input type="checkbox"/> - 20** =</td><td><input type="checkbox"/> x</td><td><input type="checkbox"/> = <input type="checkbox"/></td></tr> <tr><td>Independent Claims</td><td><input type="checkbox"/> - 3** =</td><td><input type="checkbox"/> x</td><td><input type="checkbox"/> = <input type="checkbox"/></td></tr> <tr><td>Multiple Dependent</td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/> = <input type="checkbox"/></td></tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table border="1"> <thead> <tr> <th>Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>Claims in excess of 20</td><td><input type="checkbox"/></td></tr> <tr><td>1201</td><td>86</td><td>Independent claims in excess of 3</td><td><input type="checkbox"/></td></tr> <tr><td>1203</td><td>290</td><td>Multiple dependent claim, if not paid</td><td><input type="checkbox"/></td></tr> <tr><td>1204</td><td>86</td><td>**Reissue independent claims over original patent</td><td><input type="checkbox"/></td></tr> <tr><td>1205</td><td>18</td><td>**Reissue claims in excess of 20 &amp; over original patent</td><td><input type="checkbox"/></td></tr> <tr><td colspan="2"><b>SUBTOTAL (2)</b></td><td><b>(\$)[ ]</b></td></tr> </tbody> </table>			Extra Claims	Fee from Below	Fee Paid	Total Claims	<input type="checkbox"/> - 20** =	<input type="checkbox"/> x	<input type="checkbox"/> = <input type="checkbox"/>	Independent Claims	<input type="checkbox"/> - 3** =	<input type="checkbox"/> x	<input type="checkbox"/> = <input type="checkbox"/>	Multiple Dependent		<input type="checkbox"/>	<input type="checkbox"/> = <input type="checkbox"/>	Code (\$)	Fee Description	Fee Paid	1202	18	Claims in excess of 20	<input type="checkbox"/>	1201	86	Independent claims in excess of 3	<input type="checkbox"/>	1203	290	Multiple dependent claim, if not paid	<input type="checkbox"/>	1204	86	**Reissue independent claims over original patent	<input type="checkbox"/>	1205	18	**Reissue claims in excess of 20 & over original patent	<input type="checkbox"/>	<b>SUBTOTAL (2)</b>		<b>(\$)[ ]</b>																																																								
Code (\$)	Fee Description	Fee Paid																																																																																																																									
1001	770	Utility filing fee	<input type="checkbox"/>																																																																																																																								
1002	340	Design filing fee	<input type="checkbox"/>																																																																																																																								
1004	770	Reissue filing fee	<input type="checkbox"/>																																																																																																																								
1005	160	Provisional filing fee	<input type="checkbox"/>																																																																																																																								
<b>SUBTOTAL (1)</b>		<b>(\$)[ ]</b>																																																																																																																									
	Extra Claims	Fee from Below	Fee Paid																																																																																																																								
Total Claims	<input type="checkbox"/> - 20** =	<input type="checkbox"/> x	<input type="checkbox"/> = <input type="checkbox"/>																																																																																																																								
Independent Claims	<input type="checkbox"/> - 3** =	<input type="checkbox"/> x	<input type="checkbox"/> = <input type="checkbox"/>																																																																																																																								
Multiple Dependent		<input type="checkbox"/>	<input type="checkbox"/> = <input type="checkbox"/>																																																																																																																								
Code (\$)	Fee Description	Fee Paid																																																																																																																									
1202	18	Claims in excess of 20	<input type="checkbox"/>																																																																																																																								
1201	86	Independent claims in excess of 3	<input type="checkbox"/>																																																																																																																								
1203	290	Multiple dependent claim, if not paid	<input type="checkbox"/>																																																																																																																								
1204	86	**Reissue independent claims over original patent	<input type="checkbox"/>																																																																																																																								
1205	18	**Reissue claims in excess of 20 & over original patent	<input type="checkbox"/>																																																																																																																								
<b>SUBTOTAL (2)</b>		<b>(\$)[ ]</b>																																																																																																																									
<b>SUBTOTAL (3) (\$)[440.00]</b> * Reduced by Basic Filing Fee Paid		<b>SUBTOTAL (3) (\$)[440.00]</b>																																																																																																																									

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Peter D. Meyer	Registration No. (Attorney/Agent)	47,792
Signature		Telephone	(513) 634-9359
		Date	September 17, 2004

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Feetrans.doc (Revised for P&G use 9/22/2003)

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

**BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☒ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☒ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** \_\_\_\_\_

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.**